

0015/017

PRINTED: 07/13/2017  
FORM APPROVED  
OMB NO. 0938-0391

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (Soc Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

07/29/2017 THU 9:29 FAX 8655942168 Dept of Health

0016/017

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/12/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445270	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING  D. WING _____		(X3) DATE SURVEY COMPLETED  07/10/2017
NAME OF PROVIDER OR SUPPLIER  TENNESSEE VETERANS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 10299 MURFREESBORO, TN 37129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 374	<p>Continued From page 1</p> <p>room E15:</p> <p>a. 7 insulated pipe penetrations</p> <p>b. 1 inch metal sleeve filled with a bundle of low voltage wires</p> <p>c. ½ inch metal sleeve filled with a bundle of low voltage wires</p> <p>NFPA 19.3.7.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>3. Observation on 07/10/2017 at 11:42 AM, revealed 2 penetrations by ½ metal conduits not sealed properly in the cross corridor wall by room E23. NFPA 19.3.7.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>4. Observation on 07/10/2017 at 11:46 AM, revealed a penetration by a ½ inch conduit not sealed properly in the cross corridor wall at the entrance to east wing. NFPA 19.3.7.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>5. Observation on 07/10/2017 at 11:46 AM, revealed a hole improperly patched (hole covered in fire caulk) in the cross corridor wall at the entrance to east wing. NFPA 19.3.7.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.2.2 (2012 Edition)</p> <p>Maintenance staff was present when the deficiency was identified and was later acknowledged during the exit conference on 07/10/2017.</p>	K 374	<p>K374</p> <p>No residents were affected by this finding, however all residents to have the potential to be affected.</p> <p>Observation #3 required a licensed contractor to perform UL approved Firestop system assembly. This was completed on 7/18/17</p> <p>Observation #4 required a licensed contractor to perform UL approved Firestop system assembly. This was completed on 7/18/17</p> <p>Observation #5 required a licensed contractor to perform UL approved Firestop system assembly. This was completed on 7/18/17</p> <p>Maintenance will inspect Cross corridor walls for penetration Of three months then as needed After that, All findings will be Reported to QA&amp;A by the Administrator x 1 month</p>	7/18/17	7/18/17